

Long Term Services and Supports Subcommittee Meeting Summary from June 26, 2013

One Care Implementation Council
Long Term Services and Supports Subcommittee
June 26, 2013 1 PM – 3 PM
Thomas Crane Library - Quincy
Large Conference Room

Attendees: Ed Abrahamson, Suzann Bedrosian, Ann Burgess, Jennifer Cascio, Ted Chelmow, Hang Lee, Lance Daly, Derrick Dominique, Anne Fracht, Many Gilman, Michele Goody, John Grugan, Rebecca Gutman, Nancy Hargreaves, Dennis Heaphy (Chair), Gina Impagnatello, Sophie Jones, Julie Jones, Jeff Keilson, Betty Maher, Regina Marshall, Scott Mason, Paddy McDonald, Dale Mitchell, Abby Mojica, Nassira Nicola, Tammy O'Donnell, Jennifer Peterson, John Pirone, Rich Power, Olivia Richard (Co-Chair), Dan Rome, Bob Rousseau, John Ruiz, Kathleen Saunders, Jean Terranova, Florette Willis

Handouts: Agenda, Covered Services Handout, Assessment Domains Handout

Recommendations to the Implementation Council

- The subcommittee recommends that the Council request that all services currently considered “Flexible Services” that may be included in the Individualized Care Plan (Table 4 – Covered Services doc) be considered “Expanded Services” (Table 3 – Covered Services doc).
 - In favor: 21
 - Abstentions: 5
 - Opposed: 0

Subcommittee Questions for MassHealth

- How will effective coordination be ensured across all of the physical, behavioral and long-term services and supports?
- Are veterans receiving services within the VA system eligible for One Care if they meet the eligibility criteria?

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Welcome and Overview

Dennis Heaphy, One Care Implementation Council Chair, welcomed the subcommittee and led subcommittee member introductions. Members were asked to share their primary One Care long-term services and supports (LTSS) priorities.

LTSS Priorities

The following LTSS priorities were noted by subcommittee members:

- Population-specific
 - Serving individuals with intellectual disabilities and individuals with multiple and severe disabilities
 - Ensuring that individuals who are Deaf, hard of hearing and DeafBlind have access to services
- Care Planning
 - LTSS inclusion within person-centered plan
 - Broad interpretation of medical necessity
- Access
 - Use of self-directed services
 - Use of Peer support
 - Assess, choice, and quality
 - Access to mobility equipment and other complex rehabilitation technology
 - Access to mental health carve out services
 - Housing access and assistance
 - Access to PCA services
 - What will the Agency with Choice model look like
- Role of LTS Coordinator
 - Clarify the boundaries between the LTS Coordinator and the Care Coordinator on Care Teams
 - Clearly define role that is independent in nature

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- Enforcement and monitoring of role by MassHealth
 - Workforce capacity and quality issues related to the role
 - Coordinator qualifications
 - Employer organizations
- Integration of LTSS and LTS Coordinator with other state agencies and providers
 - Department of Developmental Services (DDS) coordinators on One Care Care Teams
 - Funding
 - Functions (including who is the key contact in event of emergency)
 - Department of Mental Health (DMH) case managers and behavioral health services that will continue to be offered through DMH
 - Integration of role with other roles such as housing assistance managers
- Additional
 - Privacy of mental health records, especially in regards to electronic health records
 - Provider rates
 - Education about LTSS within the new delivery system
 - Prevention education services
 - Cultural considerations and incorporation of cultural sensitivity in care
 - Quality measures should assess delivery of LTSS

List of Covered Services Review

The subcommittee reviewed the One Care RFR Appendix A: Covered Services document that is organized into four tables including: Table 1. General Services, Table 2. Diversionary Behavioral Health Services, Table 3. Expanded Services, and Table 4. New Community-based Services (Flexible Services that may be included in the Individualized Care Plan). The purpose of the exercise was for the subcommittee to establish a baseline understanding of what members consider to be long term services and supports and to discuss what may be missing from the list. During the review of services, subcommittee members agreed that the full spectrum of LTSS services should be considered, not only home and community-based services.

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Subcommittee members indicated that the following services should be considered LTSS:

Table 1: General Services

- Adult Day Health
- Adult Foster Care
- Chronic Disease and Rehabilitation Hospital
- Community Health Centers (Sometimes – depends on the services provided)
- Day Habilitation
- Durable Medical Equipment and Supplies
- Group Adult Foster Care
- Home Health
- Hospice
- Medically Necessary Non-medical Transport
- Oxygen and Respiratory Therapy Equipment
- Personal Care
- Prosthetics
- Independent Nursing
- Skilled Nursing Facility
- Therapy: Physical, Occupational and Speech/Language

Table 2: Diversionary Behavioral Health Services

- Community Support Program (CSP)
- Partial Hospitalization (sometimes)
- Program of Assertive Community Treatment

Table 3: Expanded Services

- Personal Care Assistance (including cueing and monitoring)
- Durable Medical Equipment (training in usage, repairs, modifications)
- Environmental Aids and Assistive/Adaptive Technology

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Table 4: New Community-based Services (All)

- Day Services
- Home Care Services
- Respite Care
- Peer Support/Counseling/Navigation
- Care Transitions Assistance (across settings)
- Home Modifications
- Community Health Workers
- Medication Management
- Non-Medical Transportation

Comments

- The list of services assumes that all services are accessible. The Subcommittee may consider including language regarding accessible services.
- It was noted that LTSS is broad and a list of possible flexible services should be developed for use by the LTS Coordinator. Services currently missing from the list include:
 - Alternatives to traditional treatments, such as mindfulness, yoga, exercise and other holistic practices
 - Interpreting services
 - ASL therapy (as an alternative to speech therapy)
 - Nutrition and food security services
 - Financial securities – assistance with finances
- A legal definition of cueing and monitoring under PCA services is needed.
- The LTS Coordinator role should not be considered a social worker role.
- Self-direction and the right to fail or succeed on one's own terms should be taken into consideration with all services.
 - An example may be the option of harm reduction with medication.

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- Making flexible services (Table 4) mandatory services to be offered by One Care plans may provide LTS Coordinators with the validation they need to be considered essential services within care plans.
- The enrollee should be a part of the discussion of what constitutes “Immediate needs and current services” referred to in the “Assessment Domains Document.”
- Several members mentioned preferred or priority services. However, it was decided that a recommendation to the Council should not create a hierarchy of services, by recommending that only certain flexible services be added the expanded services list, since every enrollee will have unique needs and preferences for their LTSS.
- While services under the first three tables are mandatory services that enrollees have the right to appeal if disagreement about the care plan arise, it was noted that the expanded services are services that One Care plans recognize are vital to person-centered, successful care and will most likely be offered by all plans.

Next Steps

- The following subcommittee members volunteered to participate on a LTSS Workgroup to focus on specific issues brought forth by the LTSS Subcommittee:
 - Dale Mitchell
 - Bob Rousseau
 - Olivia Richard
 - Paddy McDonald
 - Jeff Keilson
 - Edward Abrahamson
 - Hang Lee
 - Nassira Nicola
 - Anne Fracht

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- It was noted that individuals from One Care plans in charge of contracting with community-based organizations (CBOs) who will employ LTS Coordinators, would be important workgroup participants.
- Potential CBOs subcontracting for the role of the LTS Coordinator include:
 - Independent Living Centers
 - Aging Services Access Points
 - Recovery Learning Communities
 - Others including ARC
- It was noted that the description of LTS Coordinators varies by One Care plans and it would be helpful for the subcommittee to view a redacted sample contract between One Care plans and their LTS Coordinator entity.
- The Workgroup has been tasked with developing an agenda for the next LTSS Subcommittee meeting.